

## Resolution of Polycystic Ovaries by Unani Formulation: A Case Report

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### ABSTRACT:

Poly-cystic Ovarian Syndrome (PCOS) is a heterogeneous multisystem endocrinopathy in women, characterized by hyperandrogenism, chronic an-ovulation and poly-cystic ovaries. It may set in early adolescent life but clinically manifest in the reproductive age with long term implications of diabetes, hypertension, hyperlipidemia and cardiovascular disease. Exact pathophysiology is not clearly understood. Clinical features of PCOS develop with oligomenorrhoea (87%) or short period of amenorrhoea (26%) followed by prolonged or heavy periods. Data has indicated that in patients of PCOS, obesity occurs in more than 50% while as infertility has been reported in 20%. In classical Unani literature this disease has not been mentioned under the term of PCOS but its clinical features have been mentioned under the heading of *ehtebas-e-tams* (amenorrhoea), *uqr* (infertility), *saman-e-mufrat* (obesity) and hirsutism, which are nearly same as per recent reports on PCOS. This disease can be treated by those drugs having *mudirr-e-haiz* (emmenagogue), *muqawwi-e-bah* (aphrodisiac), *muqawwi-e-rahem* (uterine tonic), *muqawiyat* (general tonic) and *munzij wa mukhrij-e-balgham* (concoctive and phlegm expulsive) properties. Unani system of medicine claims to possess a number of effective and safe drugs that can be used successfully to resolve the cyst and prevent surgical intervention. In the present study a 16 years old, unmarried female, diagnosed with Poly-cystic Ovarian Syndrome on the basis of clinical parameters, laboratory investigation and Ultrasonographic findings. She was treated with Unani formulations i.e. *Majoon Dabidul Ward* (6 gm), *Arq Mako* (60 ml) and *Arq Kasni* (60 ml), twice a day by oral route before meal for three months. After the treatment patient showed significant symptomatic improvement and cysts were completely resolved in USG findings.

**KEY WORDS:** *Arq Mako, Arq Kasni, Majoon Dabidul Ward*, Poly-cystic Ovarian Syndrome

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**INTRODUCTION:**

Poly-cystic Ovarian Syndrome (PCOS) is a multi-factorial and polygenic condition characterized by excessive androgen production mainly by the ovaries which interferes with the reproductive, endocrine and metabolic functions [1]. Clinically it is observed that PCOS often develops during adolescence [2]. Exact pathophysiology of PCOS is not clearly understood [1]. It may be due to hypothalamic pituitary compartment abnormality, androgen excess, an-ovulation, obesity and insulin resistance, long term consequences [1]. Further the chemicals used in fruits and vegetables as pesticides, have reported to lead a hormonal imbalance which has a strong correlation with PCOS [3]. Clinically PCOS present in patients with menstrual dysfunction ranging from oligomenorrhoea to amenorrhoea, severe acne, obesity (abdominal/ android) [2], hirsutism and infertility [1]. Many women with PCOS give a history of infrequent cycles and may be about 3 to 6 menstrual periods per year [2].

In Unani system of medicine, the disease has not been defined under the term of Polycystic Ovarian Syndrome, as it has been categorized recently. The description of the disease has been described by various Unani physicians under the headings of *Ehtebase Tams* (amenorrhoea), *Uqr* (infertility), *Saman-e-Mufrat* (obesity) and hirsutism. Poly-cystic Ovarian Syndrome is translated in Arabic as *Marze Akyase Khusyatur Rahem*. *Majoon Dabidul Ward*, *Arq Mako* and *Arq Kasni* manufactured as per Bayaz-e-Kabir Vol. II [4] and marketed by Dawakhana Tibbiya College, AMU, Aligarh were procured from local agency of Aligarh. The ingredients of *Majoon Dabidul Ward* are given in Table-1. *Majoon Dabidul Ward* possesses *Muhallil-e-Awram* (anti-inflammatory), *Mudir-e-Bol* (diuretic) and *Muwallid-e-Dam* (haematinic) properties [5]

and useful in *Warm-e-Rahem* (Metritis), *Warm-e-Jigar* (hepatitis), *Zofe Jigar* (weakness of liver), *Zofe Meda* (weakness of stomach), *Istisqua* (ascites) [4,6] and *Faqrud Dam* [5]. *Arq Mako* and *Arq Kasni* are distillates of fruits of *Solanum nigrum* (*Mako*) and seeds of *Cichorium intybus* (*Kasni*), respectively. *Arq Mako* possesses *Muhallil-e-Waram* (antiinflammatory) and *Muqawwi-e-Kabid* (liver tonic) properties; useful in *Awram-e-Ahsha* (inflammation of visceral organ) and *Zofe Kabid* (weakness of liver) while *Arq Kasni* possesses *Muhallil-e-Awram* (antiinflammatory) and *Musakkin* (sedative) properties; useful in *Warm-e-Kabid* (hepatitis) and *Yarqan* (jaundice) [5].

**CASE REPORT:**

A 16 years old unmarried female came to OPD of Niswan wa Qabalat, Ajmal Khan Tibbiya and Hospital, AMU, Aligarh with the complains of painful heavy menses from last 4-5 months and dull aching pelvic pain which is generalized at supra-pubic region. The pain was in-continuous, non-radiating and non-cyclical in nature. She also complained of backache, body-ache and generalized weakness. She was apparently well before the development of above mentioned signs and symptoms. The symptoms were mild in the beginning which increased gradually. She relied on over the counter drugs like NSAIDS for symptomatic relief and did not have any other medicine or treatment in past. Her menstrual cycle was irregular having menses two or three times in a month with heavy and painful menses. She had no past history of any other medical as well as surgical illness; and did not report any history of ovarian, breast cancer or hereditary disorders in her family. There was no history of hormone replacement therapy. In the light of physical examination, laboratory tests and

ultrasonographic investigations the patient was diagnosed as a case of poly cystic ovarian syndrome with bilateral cyst present in both sides of ovaries and anemia. She was treated with Unani formulations including *Majoon Dabidul Ward*, *Arq Mako* and *Arq Kasni*.

On physical examination, her health status was found to be fine, moderate built, with a body weight of 43 kg. There was no sign of jaundice, malnutrition and other systemic diseases. On abdominal examination, abdomen was flat, no scar, no organomegaly was present. Bowel sounds were normal.

The laboratory investigations revealed haemoglobin level of 9 gm%, serum FSH level 5.15 mIU/ml, serum LH level 12.10 mIU/ml, serum Prolactin level 17.74 ng/ml, T3 level 138.8 ng/dl, T4 level 10.20  $\mu$ g/dl and TSH level 1.76  $\mu$ IU/ml. The ultrasonographic scan (TAS) revealed B/L

cystic lesion in ovaries. In right ovary, one cystic lesion (about 2.4×2.0×2.5 cm in size and volume 5.9 ml) was found with normal ovary shape but its size was larger (about 4.3×2.6×4.5) and its volume was 26.2 ml. In left ovary, one cystic lesion (about 3.0×1.8×3.2 cm in size and its volume 9.3 ml) was also detected with normal ovary shape but its size was larger 3.8×2.2×3.7 cm and its volume was 16.6 ml (Fig 1).

The patient was treated only with a combination of Unani drugs i.e. *Majoon Dabidul Ward* (6 gm), along with *Arq Mako* and *Arq Kasni* (60 ml each) twice a day by oral route, for 3 months and USG was advised before and after the due course of therapy. The patient was advised for fortnightly follow up and no concomitant therapy was allowed during the period of treatment.

**Table- 1: Ingredients of *Majoon Dabidul Ward*:**

S. No.	Name	Botanical Name	Parts	Weight	Properties
1	Sumbulut Tib	<i>Valeriana officinalis</i>	Whole plant	3.5 gm	antispasmodic [7]
2	Mastagi	<i>Pistacia lentiscus</i>	Resin/Gum	3.5 gm	astringent [7]
3	Zafran	<i>Crocus sativus</i>	Style and Stigma	3.5 gm	antispasmodic, uterine tonic [7]
4	Tabasheer	<i>Bambusa arundinacea</i>	Exudate	3.5 gm	astringent, antispasmodic [7]
5	Darchini	<i>Cinnamomum zeylanica</i>	Bark	3.5 gm	antispasmodic, astringent, antiseptic [7]
6	Izkhar Makki	<i>Cymbopogon jwarancusa</i>	Root	3.5 gm	antioxidant, antiinflammatory [8]
7	Asarun	<i>Asarum europaeum</i>	Root	3.5 gm	Anti-inflammatory, emmenagogue, diuretic, deobstruent [9,10]
8	Qust Sheerin	<i>Saussurea lappa</i>	Root	3.5 gm	antiinflammatory, antimicrobial, antispasmodic [11]

9	Ghafis	<i>Agrimonia eupatoria</i>	Flower	3.5 gm	antimicrobial, anti-inflammatory, analgesic, antioxidant [12]
10	Tukhm Kasoos	<i>Cuscuta reflexa</i>	Seed	3.5 gm	antioxidant, antibacterial, diuretic [13]
11	Majeth	<i>Rubia cordifolia</i>	Root	3.5 gm	antibacterial, anti-inflammatory, analgesic [14]
12	Luk Maghsool	<i>Coccus lacca</i>	Resin	3.5 gm	antiinflammatory, emmenagogue [15]
13	Tukhm Kasni	<i>Cichorium intybus</i>	Seed	3.5 gm	antiinflammatory, emmenagogue [7]
14	Tukhm Karafs	<i>Appium graveolens</i>	Seed	3.5 gm	antiinflammatory, antimicrobial [16]
15	Zaravand Taveel	<i>Aristolochia longa</i>	Root	3.5 gm	emmenagogue, antiinflammatory [17]
16	Habb-e-Balsan	<i>Commiphora opobalsamum</i>	Fruit	3.5 gm	antispasmodic, astringent, antiseptic, emmenagogue [7]
17	Ood Gharqui	<i>Aquilaria agallocha</i>	Stem	3.5 gm	astringent [17]
18	Qaranfal	<i>Eugenia caryophyllata</i>	Flower bud	3.5 gm	antispasmodic, antiseptic [7]
19	Dana Heel Khurd	<i>Elettaria cardamomum</i>	Fruit seeds	3.5 gm	resolvent, antispasmodic [7]
20	Gul-e-Surkh	<i>Rosa damascene</i>	Flower petals	66.5 gm	astringent [7]
21	Honey/Sugar	--	--	400 gm	astringent, demulcent, emollient [18]



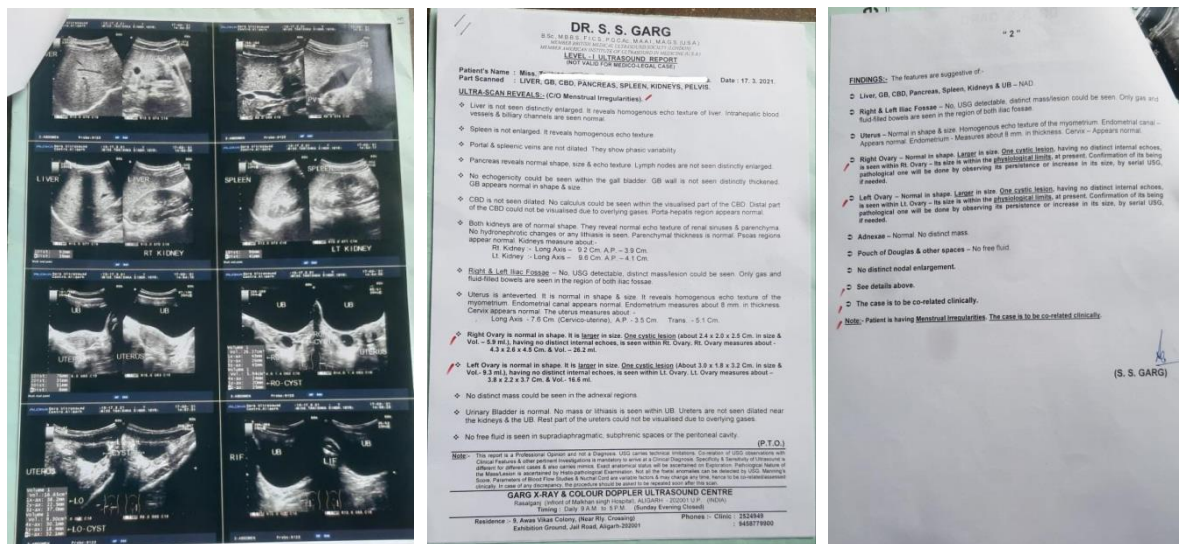


Figure- 1: USG Report before treatment

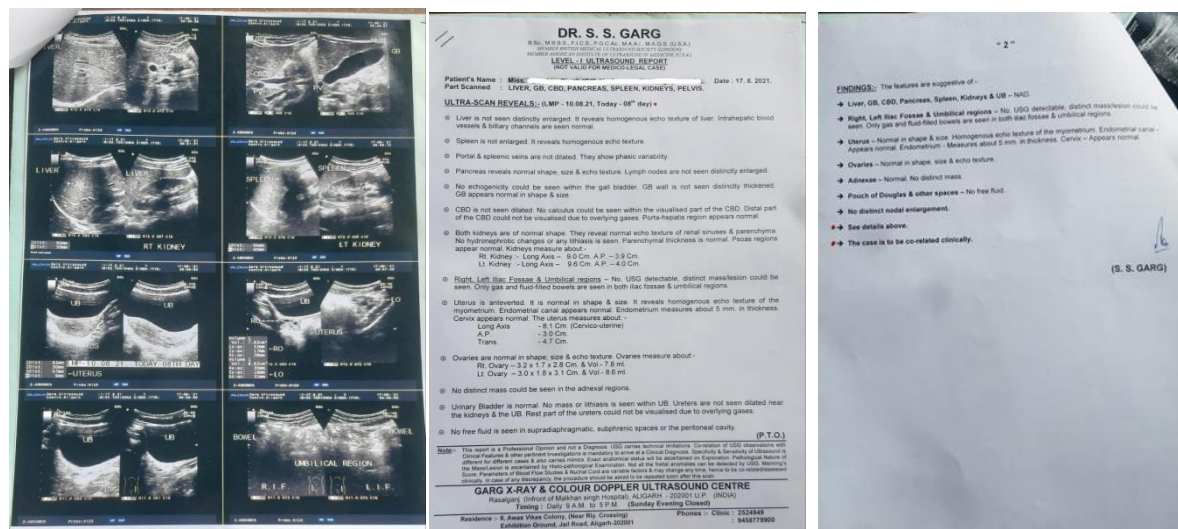


Figure- 2: USG Report after treatment

## RESULTS AND DISCUSSION:

The result of the study revealed that *Majoon Dabidul Ward*, *Arq Mako* and *Arq Kasni* are effective in relieving most of the clinical features of poly-cystic ovarian syndrome, which is evidenced by decrease in pain of supra-pubic region and improvement in menstrual problems and all clinical features and resolution of cyst in USG report (Fig 2). All the Unani philosophers and physicians have described the different etiological factors, especially focused on *su-e-mizaj barid* (abnormal cold temperament), a potent factor of this disease precisely and

systematically. *Sue mizaj-e-barid* leads to combination of sign and symptoms like menstrual abnormalities (Oligomenorrhea, amenorrhoea), hirsutism, *samane mufrat* (obesity), acne, hoarseness of voice and *uqr* (infertility), which are suggestive of PCOS and hyperandrogenism. *Ehtebas-e-tams* (amenorrhoea) is developed in women who have *balghami mizaj* (phlegmatic temperament), *saman-e-mufrat* (obesity) and *zof-e-kabid* (weakness of liver). The *saman-e-mufrat* (obesity) is caused by abnormal increase in *ratoobat wa burudat*. It may narrow the blood vessels and

reduces blood circulation which leads to amenorrhoea.

Hirsutism is caused due to long term amenorrhoea. Main cause of infertility is *saman-e-mufrat* and *qalilul nuzuj mani* (ovum) in obese women due to imbalance *ratoobat wa burudat*.

The effect of *Majoon Dabidul Ward* may be attributed to its anti-inflammatory, emmenagogue, antispasmodic, astringent, antiseptic, anti-microbial as well as anti-oxidant properties of all ingredients which are well documented in pharmacological and classical Unani literature [7-17]. Similarly it has been prescribed for relieving visceral inflammations [19]. The effect of *Arq Mako* and *Arq Kasni* may be attributed to their anti-inflammatory and sedative properties. [5]

#### CONCLUSION:

This single case study concluded that *Majoon Dabidul Ward*, *Arq Mako* and *Arq Kasni* are effective and safe in resolution of poly-cystic ovaries.

#### LIMITATION OF STUDY:

Further, the detailed clinical studies are recommended on large sample size for longer duration to prove the efficacy and safety of Unani drugs in the management of ovarian cyst.

#### PATIENT CONSENT:

The patient was informed about the disease, examination to be performed and type of treatment.

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